

status of the educated. This has become a target of Communist attack, and the fight to change the minds of the people is still surging.²⁴ 876

C. Physical Education Movement

Although a specific commission has been established to promote physical education (see Chart 3), the State Council and the two ministries of education have been seriously concerned with the health of students. This concern originates from Mao Tse-tung's instructions to promote "good health, good study, and good work." As early as April 1951, Tung Ch'un-ts'ai, Vice-Minister of Education, called the attention of the nation's educators to the importance of guarding the health of students. Tung's declaration was affirmed by other officials in responsible positions during subsequent years, but apparently the situation was not much improved. The students remained in financial straits while the pressure of intensified courses was increased. The Ministry of Higher Education, the Ministry of Health, and the Commission on Physical Education issued in July 1954 a joint directive reiterating an earlier announcement by the Government Administration Council on "Decisions on Improving the Health of Students in Schools at All Levels."²⁵ However, it is obvious that 871
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24. See Communist official directives on "labor-education," *ibid.*, June 1954, p. 7; May 1954, p. 7.

25. People's Education, August 1954, p. 65.

stress on physical exercise can not take the place of an adequate diet.

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Other movements launched simultaneously with the above-mentioned drives have been revived from time to time. They are indicative of the ills plaguing the educational system under the Communists in China. Language reform, important to primary education and in efforts to combat illiteracy, is associated with "thoughtreform." The program to establish winter schools, summer schools, and other special training classes for peasants, workers, and soldiers is actually a part of school reorganization. Some of the most important characteristics of these movements will be discussed.

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IV. THE VARIOUS LEVELS OF SCHOOLS

The Communist policy for education and the movements in education are nation-wide, and are subject to only minor regional variations. However, a survey of the schools in Central-South China may reveal the extent to which the Communist policy has been carried out and the response of the people in this region.

A. Kindergartens and Primary Schools

The development of kindergartens in the Central-South China Region followed the basic policies laid down by the Communists. Although complete information on the present situation in this region is not available, the development on Kwangtung Province may serve as an indication. The operation of

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HEALTH AND SANITATION

I. BACKGROUND

Organized public health as part of the responsibilities of government in China may be traced back as far as 1902, when the Peiyang Sanitary Department was established. Because of plagues in 1911 and 1917, organizations for the prevention of epidemics also came into being. In 1927, under the Nationalist Government, a Ministry of Health, later reorganized into the National Health Administration, sought to solve problems of public health. Among the six departments of the National Health Administration was the Department of Health Organization and Services, which promoted local health work, local sanitary projects, and local training of health personnel; another was the Department of Epidemic Prevention, which was charged with the prevention and control of epidemic and endemic diseases, anti-epidemic services, and the manufacture of biological products.¹

However, peaceful development of health work was greatly disrupted by the long and destructive war of resistance against Japan (1937-45) and the internal conflicts which followed. Much of the

1. China Handbook 1937-1945, compiled by China Ministry of Information, New York, McMillan, 1949, p. 490.

government effort in that period was devoted to the Army Medical Service, which was affiliated with the Ministry of Military Affairs from the beginning of 1938.²

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In May 1946, after World War II, the Nationalist Government officially returned to Nanking. Amid the manifold attempts at rehabilitation and reconstruction, the restoration and reorganization of health work was begun. Some statistics for Central-South China are available for the years 1946-47, but it is clear that little could have been accomplished within so short a time. In 1947 there were in the six provinces of Central-South China 90 government health organizations with 2,768 hospital beds and 8,434 personnel, including 1,501 doctors. There were 2,809 additional public health agencies on the county level in these provinces.³ As to preventive medical care, 3,630,250 people in Central-South China received vaccination against smallpox in 1946, some 4,315,642 received inoculations against cholera, and 1,739,520 received vaccine to combat both cholera and typhoid.⁴ (For the purpose of comparison, it should be noted that the population of Central-South China in 1948 was reported to be 130,540,797. For details on the

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2. The China Year Book, 1938-39, Shanghai, Commercial Press, 1939, p. 652.

3. Chung-hua Min-kuo T'ung-chi Nien-chien [Statistical Yearbook of China], Nanking, Bureau of Statistics, 1948, pp. 341-42.

4. Ibid., p. 346.

changes in population and administrative geography, see chapters on Population and Geography.) These statistics are incomplete and cannot provide a satisfactory picture of health conditions before 1949 in the six Central-South provinces; however, they offer a background for an understanding of the efforts of the Nationalist Government in the field of public health. 744

II. COMMUNIST OFFICIAL REPORTS

The initial task in health and sanitation work for the Communists in Central-South China, as in all the other regions, was first to restore the original public health agencies and, once they resumed operation, to reorganize and mold them to Communist needs and principles. Adhering to the directives of the Central People's Government in Peking, the regional government of Central-South China put chief emphasis upon epidemic prevention in its public health program.

On reporting to the Second Plenary Session of the Central-South China Military and Political Committee in September 1950, the chairman of Cultural and Educational Affairs of the region made it clear that these six provinces were plagued by a number of contagious diseases, the three most serious [164] being malaria, schistosomiasis, and leprosy. He outlined the urgent need to establish centers for the manufacture of biologicals, to organize epidemic-prevention corps and agencies, to restore the inspection stations, and to act for the prevention of serious diseases. Many health organizations were

not yet restored to operation at the time of the report; 744
the figures given for the then functioning county
public health agencies were: 71 in Hunan, 77 for
Kiangsi, 67 for Kwangsi, 75 for Kwangtung, 27 for
Hupeh, and none for Honan.⁵

Honan Province reported in 1950 the outbreak [64]
in many counties of epidemics of measles, smallpox,
scarlet fever, and diphtheria. To combat this
situation, mobile medical corps were organized under
the provincial government and epidemic-prevention
teams were sent by the Central Government in
Peking as well as by the Central-South regional
administration. About 40,000 victims of epidemics
were reported and more than 30,000 were treated
during the epidemics in Honan.⁶ In individual reports
of the six provinces and the two municipalities of the
region submitted in 1950, all mentioned the large
number of vaccinations against smallpox and inocula-
tions against cholera, typhoid, and malaria.

When the Fourth Plenary Session of the Central-
South Military and Political Committee convened in
November 1951, marked achievements were reported
in public health and epidemic-prevention. In review-
ing the work of the preceding year it was stated that

5. Cheng-fu Kung-tso Pao-kao Hui-pien [A
Compendium of Government Work Reports], Peking
Jen-min chu-pan-she, 1951, p. 758-59.

6. Ibid., p. 833.

28, 000, 000 people in Central-South China had been given vaccinations, and 45, 000, 000 more were to be vaccinated by the end of 1951. The report claimed that smallpox cases in a year showed a decrease of 53 per cent. A total of 100, 000 children in various areas in the Central-South Region were inoculated against tuberculosis with B.C.G. vaccine. Throughout the region, according to the same report, public health centers were established in 428 counties, and 170 centers were set up on the ch'u (subdivision of a county or a municipality) level. Public health personnel in Central-South China were reported to include 4, 000 medical workers, 1, 700 medical assistants, 8, 000 nurses and midwives, and 2, 000 people engaged in miscellaneous tasks connected with public health.⁷

In reporting on the three-year achievement in health work in Central-South China in 1952, the chairman of the Department of Health announced that 88 per cent of the population (142, 000, 000) were vaccinated against smallpox, and in such large cities as Wuhan, Canton, Kaifeng, Changsha, and Hengyang, smallpox had been entirely eliminated. (The population of Central-South China in 1953 was 176, 334, 987, according to Communist statistics.) In the restoring and establishing of health centers and hospitals, the

7. Current Background, Hong Kong, American Consulate General, No. 157, Feb. 8, 1952, p. 3.

goal of one unit for every county was fulfilled. (There were 517 counties in Central-South China, according to the 1955 People's Handbook.) On a lower level, among the 4,386 ch'u in Central-South China, 670 health centers and 136 clinics were opened. Since 1949, according to the report, 134 additional hospitals had been opened in the cities and the number of trained workers had tripled. Approximately 6,605 doctors were reported.⁸ 744 •

III. THE HEALTH OF WOMEN AND CHILDREN

One of the most significant early documents of the Chinese Communist regime was the Common Program. The health of women and children was given special attention in Article 48, which specified that attention should be paid to the protection of the health of mothers, infants, and children.⁹ The Constitution, adopted on September 20, 1954, provides for the physical and mental development of the young people and the rights of women.¹⁰ In speeches and reports on health matters in Communist China, the promotion of the well-being of women and children 744 562 858 844

8. Chang-chiang Jih-pao [Yangtze Daily], Sept. 30, 1952, p. 3.

9. The Important Documents of the First Plenary Session of the Chinese People's Political Consultative Conference, Peking, Foreign Languages Press, 1949, p. 8.

10. Constitution of the People's Republic of China, Peking, Foreign Languages Press, 1954, Article 94, 96, pp. 98-99.

has almost always been given prominence. The training of midwives, the re-education of "old-style" midwives, the establishment of maternity stations and health centers for women and children, and the prevention of various children's diseases have been particularly publicized in public health work in the Central-South Region as well as in the country as a whole.

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In mid-1952, in the six provinces of Central-South China, it was reported that 30,500 midwives were trained, and 50,000 - 60,000 additional midwives were scheduled to finish training by the end of the year. Other types of health cadres were trained to work for the betterment of the health of women and children. The same report expressed the hope that in a year or two there would be two midwives in every hsiang (village) in the region.¹¹

When the vice-chairman of the Kwangtung People's Government made his four-year progress report in 1954, he claimed that 4,717 medical, nursing, and maternity workers and 19,000 midwives in the rural areas had been trained during that period in Kwangtung. As proof of the betterment of health of women and children in Kwangtung, he cited the results of an investigation in Yungyun (Weng-yüan) which showed a decrease in the infant mortality rate from 30 per cent to 2 per cent after the introduction of modern obstetrics in 1951.¹² (see p 352) [165]

11. Yangtze Daily, Sept. 30, 1952, p. 3.

of modern obstetrics in 1951.¹²

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IV. MINORITY NATIONALITIES

Many groups of minority nationalities are found in Central-South China and Southwest China. The Chinese Communists, largely for propaganda purposes, are eager to show their goodwill to minority groups. Cultural advancement programs among these peoples are often publicized by the press and in government publications. By offering education and medical care to these groups, the Chinese Communist government may be able to exercise a strong control over areas in which minority nationalities predominate.¹³

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In August 1951, the Ministry of Health called the National Conference on Health of the Minority Nationalities. It was reported that the minority groups in both the Central-South and Southwest regions suffered from malaria, cerebrospinal meningitis, diphtheria, scarlet fever, typhoid, and recurrent fever. These contagious diseases took a heavy toll of lives and caused a serious loss of manpower. Puerperal and children's diseases also caused a high mortality rate among women and children. In the Central-South Region, the Ministry of Health, following the decisions

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12. Survey of China Mainland Press, Hong Kong, American Consulate General, No. 932, Nov. 20-22, 1954, Supplement, p. XIII.

13. Kung-fei K'ung-chih-hsia-ti Kuei-chou [Kweichow Under the Control of the Communists], The Sixth Section of the Central Committee of the Nationalist Party, 1955, p. 15.

adopted by the National Conference, made plans to fight malaria and puerperal and children's diseases. Because many minority peoples live in widely scattered areas, it was decided to organize mobile medical teams. 14

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In October 1952, according to a Communist report, there were in the minority nationalities areas in the Central-South Region 54 county health centers, 104 ch'u health centers, and three special hospitals for minority nationalities. In the province of Kwangsi, where most of the minority groups are concentrated, the provincial government claimed to have appropriated JMP\$7, 225, 000, 000 for the advancement of health work from 1949 to 1952. Health centers of these counties were reported either restored to operation or established. According to the same report, 225 minority nationalities health cadres, 300 vaccination workers, and a number of midwives were trained to care for the minority groups. 15

In a description of Kwangsi in 1955, in the Hong Kong Ta-kung Pao, a Communist daily, it said that in the minority areas of that province hospitals, sanitoriums, women and children's health centers, and plague- and malaria-prevention stations have been established, and mobile medical teams were organized to visit isolated districts, administer inoculations,

14. Current Background, American Consulate-General, Hong Kong, No. 152, Jan. 15, 1952, pp. 5-7.

15. Yangtze Daily, Dec. 7, 1952, p. 3.

and give aid to the sick. Smallpox and malaria, which in the past were rampant, have now been almost entirely eliminated. In Lungling, a multi-nationality autonomous ch'u (Southwest Kwangsi), poor health "no longer exists, especially during the harvest season."¹⁶

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V. THE PATRIOTIC HEALTH MOVEMENT

In order to integrate health work with the mass propaganda drive against the so-called "bacteriological warfare" of the United States, the Chinese Communists launched the Patriotic Health Drive in 1952. It was animated by the fighting in Korea and became a part of the Resist-America-Aid-Korea Movement. It proved so economical to the government and so successful that it was established as an annual health drive. The purpose of the movement is, in short, to solicit and obtain free labor (in the name of patriotism) for the cleaning of the cities and rural areas and for the general improvement of environmental hygiene.

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Three months after the launching of the Patriotic Health Drive in the central southern provinces in the early part of 1952, the regional government was reported to have mobilized 4,000,000 students, 150,000 teachers, and 160,000 medical and health workers. The accomplishments to the middle of July 1952 were itemized as follows:

16. Survey of China Mainland Press, No. 1089, July 15, 1955, p. 36.

Refuse removed	2,181,837 tons	744 ●
Ditches dredged	some 5,500 miles	
Ditches rebuilt	some 570 miles	
Wells dug	5,479	
Wells improved	108,622	
Public comfort		
stations constructed	39,365	
Public comfort		
stations improved	65,114	
Flies exterminated	some 23,800,000,000	

The report added that, as a result of the movement, epidemics were prevented, the health of the people was protected, the production of the nation maintained, and the masses received valuable health education.¹⁷ These general remarks will be found in many Communist reports; they are impressive and yet are not concrete and so cannot be checked. Achievement records of a similar nature can be found for every province and most of the large cities in the Central-South Region. They are widely publicized in the Communist press. For example, in Wuhan municipality, the inhabitants were organized into large and small teams for the drive. The formation of 1,700 large teams, consisting of 100 families each, and 7,800 small teams, consisting of 20 families each, was reported. In early July 1952, one small team proudly reported killing 430,000 flies.¹⁸

17. Yangtze Daily, July 29, 1952, p. 3.

18. Ibid.

By September 1952, authorities in Kwangtung Province reported that the movement was carried into its second phase of "consolidation and regularization." A cleaning system was set up and the inhabitants were organized. Each street designated at least one day a month as "People's Health Day."¹⁹

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At the First Session of the First National People's Congress, Li Teh-ch'uan, Minister of Health, strongly urged the continuation of the Patriotic Health Drive as one of the chief tasks for the Communist national health program. She proposed to make it an annual drive, because it seemed the most effective way to prevent disease and improve the health of the people.²⁰

VI. FLOOD IN CENTRAL CHINA

The year 1954 brought extraordinary flood conditions to the China Mainland. (See chapter on Public Welfare.) The areas most severely stricken were the provinces of Hunan, Hupeh, and Kiangsi in the Central-South Region, which provided another test case for the integration of public health work with a mass movement. Health and sanitation workers were not only needed to administer to the victims of the flood, but, even more importantly, to care for the huge labor forces fighting the flood. A health center for flood prevention was formed in Hupeh Province, under the Wuhan municipal government. Four teams were sent to

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19. Nan-fang Jih-pao [South China Daily], March 19, 1953, p. 3.

20. Survey of China Mainland Press, No. 922, Nov. 5, 1954, pp. 42-43.

exercise control over food and drinking water, to supervise the preparation of food for flood workers, and to improve the environmental hygiene for both the flood workers and victims. A special epidemic prevention corps of 170 went among the laborers working on the dikes to disseminate health propaganda and to distribute disinfecting equipment. The Communist report also mentioned that doctors with native medical training and clerks in herb shops. were mobilized to assist.²¹

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One report from the Mainland, indicating the seriousness of the flood, revealed that as late as March 1955 a group of medical workers was dispatched to the flooded areas in Hupeh by the Ministry of Health in Peking. This group consisted of 48 doctors, 48 nurses, and 41 pharmacists from the distant province of Heilungkiang (Amur Province) in Manchuria; they were divided into two main teams and six small teams.²²

In Hunan and Kiangsi provinces, similar drives and similar accomplishments were reported. Some 2,000 medical workers of both Chinese and Western medical training were mobilized to work in the flooded areas in the vicinity of Tung-t'ing Lake in Hunan Province.²³ In Kiangsi, a total of 1,245 medical

21. Kuang-ming Jih-pao [Enlightenment Daily], Peking, Sept. 10, 1954, p. 3.

22. Ibid., March 20, 1955, p. 2.

23. Ibid., Oct. 22, 1954, p. 2.

workers were organized into 114 mobile teams; 22 per cent were doctors with Chinese medical training. Some 270,000 people received treatment, according to the same report, and 79 per cent of these treatments were administered without charge.²⁴ However, no attempt has been made to show what groups constituted the 21 per cent who had to pay for medical treatment during the disaster.

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VII. CONCLUSION

In Central-South China, infanticide still exists in certain areas. It is a serious matter and helps to suggest the complexity of the social problems and the uneven progress achieved in the different regions and communities in Communist China. In four counties of southeastern Kwangtung Province, 1,882 cases of infanticide were reported in 1950-51.²⁵ According to the record of two orphanages in Chanchiang (Kwangchow), 14,193 female foundlings were taken in during the period 1935-1951.²⁶ The Communists blamed the situation on existing social patterns of inequality between the sexes, superstition, the decadent feudal system, and "feudalistic ideas" on marriage.

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Although schistosoma japonicum is most serious in East China, the Central-South Region is also effected by this peculiar disease, particularly in the area along the Yangtze River in Hupeh Province. The Communists have attempted to fight schistosomiasis, but a cure has not yet been found.

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24. Ibid.

25. Yangtze Daily, Aug. 6, 1952, p. 3.

26. South China Daily, Aug. 28, 1952, p. 3.

regime changed this date to June 1st, in accordance with a decision made by the International Democratic Women's Federation in 1949 at Moscow. Children's Day as it is celebrated in the United States and in Great Britain was branded as capitalistic, i. e., not designed for the well-being of the children of the laboring classes. Around June 1st every year, all the propaganda media are mobilized for the promotion of child welfare, praise of the happy state of children in Communist China and in the Communist bloc of nations, and derogatory references to the "plight" of children in free nations. And it is also around this time in most large cities on the China Mainland that health examinations for children are conducted. In the period 1950-52, according to one report, more than 1,000,000 children throughout China received health examinations.³⁴

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On the morning of June 1, 1952, more than 2,000 young representatives of various schools, including representatives from the Soviet Union, Korea, India, Japan, gathered in Wuhan to celebrate Children's Day. Words of greeting were delivered by municipal officials, labor models, and a "fighting heroine," as well as by the Red Dean of Canterbury, Hewlett Johnson, who at this time was touring Communist China. In the afternoon, more than 10,000 children participated in a celebration held in Chung-shan Park.³⁵

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33. Hung Hsin-t'ao, Chi-nien Chieh-jih Shih-shih T'u-liao [History of the Memorial Days], Shanghai, 1953, Vol. I, pp. 180-83.

34. Hsin-hua Jih-pao [New China Daily], Chungking, May 30, 1953, p. 3.

35. Yangtze Daily, June 2, 1952, p. 1.